

(In cases of amputation or complete permanent paralysis of limbs
and in cases of blindness)

A portrait of a man with dark hair and a mustache, wearing a light blue shirt. The name "SRINIVASAN L.G." and the date "07-04-2001" are printed at the bottom of the photo.

Date: 06.10.2021

Registration No. _____ permanent resident of House⁷ No. 241
Ward/Village/Street BACKLIAM STREET, ANUPANADI Post-Office MUNICHALAI
District MADURAI State TAMILNADU whose photograph is affixed
above, and am satisfied that:

☐ Blindness

(B) the diagnosis in his/her case is ... haemodialysis ... multiple ... exacerbated ... renal failure
(1) He/She has ... 70 ... % (in figure) ... Seventy ... percent
(in words) permanent physical Impairment/blindness in relation to his/her-----
(part of body) as per guidelines (to be specified).

Nature of Document	Date of Issue	Details of authority issuing certificate
C1 Low = cartilage cap @ 3.0 cm in pedicle above the base	M Arif ASSISTANT PROFESSOR HOSPITAL	Reed DIPLOMA IN ORTHOPEDIC SURGERY No. 88860 Profess

M. Arul
ASSISTANT PROFESSOR
M.G.M. CHENNAI HOSPITAL
Attached to
KAPV. Govt. Medical College
Puthur, Trichy-17.

(Signature and seal of authorized
Signatory of notified Medical Authority)